

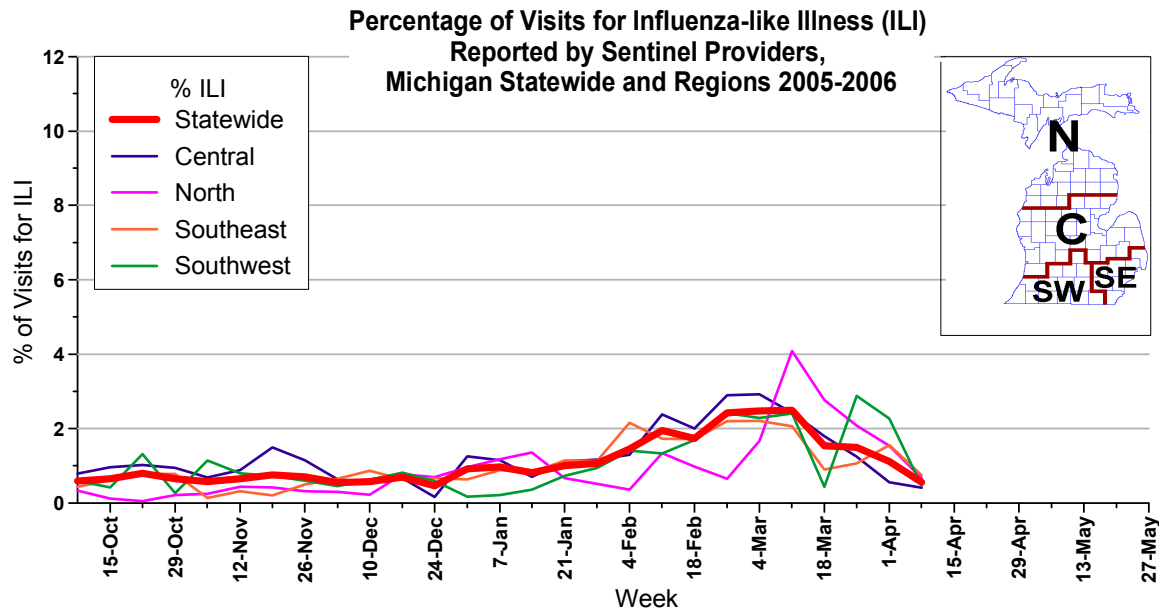
MIFluFocus
April 13, 2006
Weekly Influenza Surveillance

Michigan Disease Surveillance System: Flu-like illness activity, as reported in MDSS, has declined dramatically over the past couple of weeks. Although still slightly higher, the level is now approaching that seen from the same period in 2005.

Emergency Department Surveillance: Emergency department visits due to constitutional and respiratory complaints continue to decline. Compared to the same week last year, both indicators are roughly comparable. Over the past week, no statewide alerts were generated for either emergency department indicator.

Over-the-Counter Product Surveillance: As would be expected at this time of year, sales of all flu-related over-the-counter products have either decreased or stayed roughly the same over the past week. Compared to the same period last year, sales of antifever medication, chest rubs, and thermometers are increased, while the remaining indicators are the same or decreased.

Sentinel Surveillance (as of April 13, 2006): During the week ending April 8, 2006, the proportion of visits due to influenza-like illness (ILI) decreased to 0.6% of all visits, the lowest level reported since December, 2005. Decreasing activity was reported across the state; the percentage of visits due to ILI by region was 0.4%, Central; 0.7%, North; 0.7%, Southwest; and 0.5%, Southeast.



Laboratory Surveillance (as of April 13, 2006): MDCH lab has confirmed 134 influenza cases in Michigan, 129 influenza A H3N2 and 5 influenza B cases. No new reports from the MDCH lab in the last week. Sentinel laboratory report much lower levels of positives from labs across the state. Sporadic influenza B activity also continues to be reported.

Influenza-Associated Pediatric Mortality (as of April 13, 2006; CDC data as of April 1): To date, MDCH is reporting one influenza-associated pediatric death in Region 2S. Two other possible reports remain under investigation. Since October 2, 2005, CDC has received reports of 16 influenza-associated during the current influenza season.

****Reminder:** The CDC has asked all states to continue to collect information on any pediatric death associated with influenza infection for the 2005-2006 influenza season. This includes not only death in a child less than 18 years of age resulting from a clinically compatible illness confirmed to be influenza by an appropriate laboratory or rapid diagnostic test, but also unexplained death with evidence of an infectious process in a child. Refer to http://www.michigan.gov/documents/fluletter_107562_7.pdf for the complete protocol. It is important to immediately call or fax information to MDCH to ensure that appropriate clinical specimens can be obtained.

Congregate Settings Outbreaks (as of April 13, 2006): No reports were received during the past reporting week. A total of two congregate setting outbreaks were reported to MDCH this season so far. One specimen from the SEMI extended care facility reported last week is H3N2.

National : Week 13 (March 26 – April 1, 2006), influenza activity decreased in the United States. The proportion of patient visits to sentinel providers for influenza-like illness (ILI) was above the national baseline. The proportion of deaths attributed to pneumonia and influenza was below the baseline level. Thirteen states reported widespread influenza activity; 14 states reported regional influenza activity; 12 states, New York City, and the District of Columbia reported local influenza activity; 10 states and Puerto Rico reported sporadic influenza activity; and one state reported no activity.

International: (WHO, April 12) Except a few eastern European countries, where influenza activity increased and was reported as widespread during weeks 12–13, overall influenza activity remained moderate to low with an observation of slight decline in most parts of the northern hemisphere.

MDCH continues to report **LOCAL** activity to the CDC for this past week ending 4/8/2006

End of Seasonal Report

Avian Influenza Activity:

WHO Pandemic Phase: Human infection(s) with a new subtype, but no human-to-human spread.

PHASE 3

Table 1. H5N1 influenza-avian (Poultry outbreaks March 31): downloaded 4/07/2006 (Note- no WHO updates on website since last week-EVW)

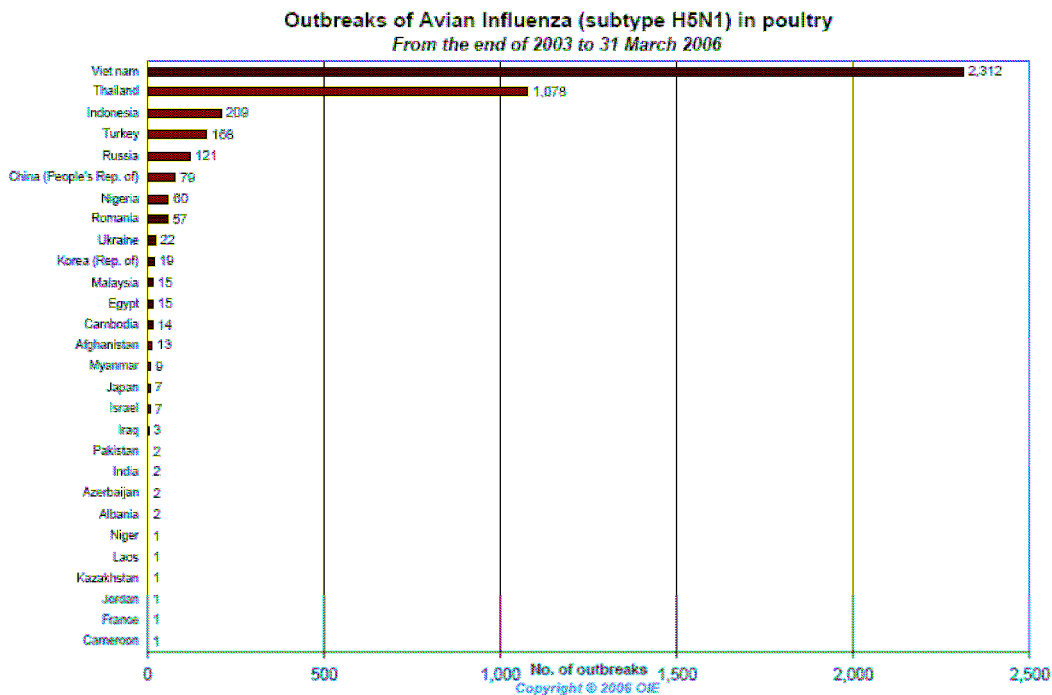


Table 2. H5N1 influenza-human: (April 12, 2006) (Source: Downloaded 4/13/06

http://www.who.int/csr/disease/avian_influenza/country/cases)

Cumulative Number of Confirmed Human Cases of Avian Influenza A/(H5N1) Reported to WHO April 12, 2006- Total number of cases includes number of deaths.

WHO reports only laboratory-confirmed cases.

Country	2003		2004		2005		2006		Total	
	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths
Azerbaijan	0	0	0	0	0	0	7	5	8	5
Cambodia	0	0	0	0	4	4	2	2	6	6
China	0	0	0	0	8	5	8	6	16	11
Egypt	0	0	0	0	0	0	4	2	4	2
Indonesia	0	0	0	0	17	11	13	12	31	23
Iraq	0	0	0	0	0	0	2	2	2	2
Thailand	0	0	17	12	5	2	0	0	22	14
Turkey	0	0	0	0	0	0	12	4	12	4
Viet Nam	3	3	29	20	61	19	0	0	93	42
Total	3	3	46	32	95	41	48	33	194	109